PEDIATRIC RESIDENCIES

institution, such as a university or a statewide program, from sponsoring or coordinating that program. As Stross has suggested, local institutions should be represented in a spirit of cooperation rather than imposition by mandate.

It seems unwarranted to perpetuate separate training programs with limited or unbalanced resources in geographic proximity if the goal of postgraduate training is to produce a graduate with broad exposure to pathology and varied expertise. The experience of PHAPP in combining programs has resulted in broader experience and greater depth of training, and has more than compensated for the problems encountered in the merger.

REFERENCES

- 1. Burg FD, Wright FH: Evaluation of pediatric residents and their training programs. J Pediatr 80:183-189, 1972
- 2. Lawson RB: Pediatric training programs. J Med Educ 44: 874-877, 1969
- 3. AMA Directory of Approved Internships and Residencies, 1973-74. Chicago, American Medical Association, 1973, p 12
- 4. Graduate surgical training and affiliated hospitals (Editorial). Arch Surg 103:350-351, 1971

- Michael M Jr: Combined residencies among community hospitals. JAMA 206:107-108, 1968
 Haidak GL: Combined internships between community hospitals. JAMA 206:105-106, 1968
- 7. Denny WF: The university-V.A. hospital affiliated program. Ariz Med 24:844-845, 1967
- 8. Willson JR, Gosling JRG: A university-community hospital affiliation in obstetrics and gynecology: Effect on resident recruitment and education. Am J Obstet Gynecol 114:469-478, 1972
- 9. Shaffer AJ: A community-wide pediatric program: A beg ning and a blueprint for the future. Pediatrics 36:429-433, 1965
- 10. Campbell TJ: Program Cost Allocation in Seven Medical Centers: A Pilot Study. Washington, DC, Association of American Medical Colleges, 1968
- 11. Nathan DG: Primary medical care and medical research training. Pediatrics 52:768-772, 1973
- 12. Rogers DE: Eighty-third Shattuck lecture—The American-health care scene: Views from a foundation perspective. N Engl J Med 288:1377-1383, 1973
- 13. Beeson P: Some good features of the British National Health Service. J Med Educ 49:43-49, 1974
- 14. Toomey RE: Graduate medical education: Defining the hospital's role. Hospitals, JAHA 48:43-45, 1974
- 15. Stross JR, Hiss RG, Rinaldo JA, et al: A statewide approach to graduate medical education. N Engl J Med 291:701-706, 1974
- 16. AAMC Ad Hoc Committee on Graduate Medical Education: Implications of academic medical center taking responsibility for graduate medical education. J Med Educ 47:77-84, 1972
- 17. Guidelines for academic medical centers planning to assume institutional responsibility for graduate medical education: Report of the Committee on Graduate Medical Education of the Association of American Medical Colleges (Supplement). J Med Educ 48:779-791, 1973

Approaches to Leg Cramps

All sorts of therapies have been devised for leg cramps . . . I have an interesting gimmick that I use and I pass it along to you . . . I find that most leg cramps occur, whether in men or women, . . . when the leg is stretched. Therefore, if a pillow is put at the bottom of the bed, when the patient rolls over at night and begins to extend the leg, the foot hits the pillow. The patient feels it and it doesn't necessarily wake from sleep, but tends to retract (flex) the leg. The thigh is perhaps flexed, too. In any case, it prevents the full extension that might occur in the sleeping state.

-J. BROOKS HOFFMAN, MD, Greenwich, CT Extracted from Audio-Digest Obstetrics and Gynecology, Vol. 23, No. 12 in the Audio-Digest Foundation's subscription series of tape-recorded programs. For subscription information: 1930 Wilshire Blvd., Suite 700, Los Angeles, CA 90057.